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| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | Chapter 13                      | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: |                       | Identify Yourself   |  |   |   |  |  |  |  |
|---------|-----------------------|---|--|---|---|--|--|--|--|
|         | _                     |   | About Debtor 1:                              |   | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |
| 1.      | Your                  | full name   |  |   |   |  |  |  |  |
|         | your<br>pictu<br>exam | e the name that is on<br>government-issued<br>re identification (for<br>nple, your driver's<br>se or passport). | Harriet First name  L. Middle name           |   | First name  Middle name                       |  |  |  |  |
|         | ident                 | your picture<br>ification to your<br>ing with the trustee.  | Day Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |  |
| 2.      |                       | ther names you have<br>I in the last 8 years  |  |   |   |  |  |  |  |
|         |                       | de your married or<br>en names.   |  |   |   |  |  |  |  |
| 3.      | your<br>num<br>Indiv  | the last 4 digits of<br>Social Security<br>ber or federal<br>ridual Taxpayer<br>tification number               | xxx-xx-1818                                  |   |   |  |  |  |  |

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Case number (if known)

Debtor 1 Harriet L. Day

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 369 Elder Lane Belvidere, IL 61008 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Boone** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Harriet L. Day

| ar  | t 2: Tell the Court About  | Your Bank     | cruptcy C                   | ase   |   |  |
|-----|--|---------------|-----------------------------|---|---|--|
| 7.  | The chapter of the Bankruptcy Code you are   |               |                             |   | ch, see <i>Notice Required by</i> 1 and check the appropria | v 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.   |
|     | choosing to file under   | ☐ Chap        | ter 7                       |   |   |  |
|     |  | ☐ Chap        | ter 11                      |   |   |  |
|     |  | ☐ Chap        | ter 12                      |   |   |  |
|     |  | ■ Chap        | eter 13                     |   |   |  |
| 3.  | How you will pay the fee   | ab<br>ord     | out how y                   | ou may pay. Typically,<br>attorney is submitting      | if you are paying the fee y                                 | ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money nalf, your attorney may pay with a credit card or check with   |
|     |  | ■ In          | eed to pa                   | y the fee in installme<br>ee in Installments (Offi    | ents. If you choose this opticial Form 103A).               | ion, sign and attach the Application for Individuals to Pay  |
|     |  | bu<br>ap      | t is not red<br>plies to yo | quired to, waive your four four family size and you   | ee, and may do so only if you are unable to pay the fee     | on only if you are filing for Chapter 7. By law, a judge may, our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out icial Form 103B) and file it with your petition. |
| 9.  | Have you filed for bankruptcy within the last 8 years?   | ■ No.         |                             |   |   |  |
|     | lact o youro.  | <b>□</b> 163. | District                    |   | When  | Case number  |
|     |  |               | District                    |   | When  | Case number  |
|     |  |               | District                    |   | When  | Case number  |
|     |  |               |                             |   |   |  |
| 10. | Are any bankruptcy   | ■ No          |                             |   |   |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.        |                             |   |   |  |
|     |  |               | Debtor                      |   |   | Relationship to you  |
|     |  |               | District                    |   | When  | Case number, if known  |
|     |  |               | Debtor                      |   |   | Relationship to you  |
|     |  |               | District                    |   | When  | Case number, if known  |
| 11. | Do you rent your   | ■ No.         | Go to                       | line 12.  |   |  |
|     | residence?   | ☐ Yes.        | Has y                       | our landlord obtained                                 | an eviction judgment again                                  | st you?  |
|     |  | _ 100.        |                             | No. Go to line 12.                                    |   |  |
|     |  |               |                             | Yes. Fill out <i>Initial Si</i> this bankruptcy petit |   | Judgment Against You (Form 101A) and file it as part of  |

| Deb | otor 1   | Harriet L. Day  |  |                  | Document Page 4 of 55  Case number (if known)  |  |
|-----|--|---|--|------------------|--|--|
|     | _  |   |  |                  |  |  |
| Par | t 3: R   | eport About Any Bu  | sinesses   | You Own          | n as a Sole Proprietor   |  |
| 12. |  | u a sole proprietor<br>full- or part-time<br>ess?   | ■ No.  | Go to            | Part 4.  |  |
|     |  |   | ☐ Yes.   | Name             | e and location of business   |  |
|     | busines<br>an indiv<br>separa<br>as a co   | proprietorship is a<br>ss you operate as<br>vidual, and is not a<br>te legal entity such<br>propration,<br>eship, or LLC. |  |                  | e of business, if any  |  |
|     | sole pr  | nave more than one oprietorship, use a te sheet and attach  |  | Numb             | per, Street, City, State & ZIP Code  |  |
|     | it to this   | s petition.   |  |                  | k the appropriate box to describe your business:   |  |
|     |  |   |  |                  | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |
|     |  |   |  |                  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |
|     |  |   |  |                  | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |
|     |  |   |  |                  | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |  |
|     |  |   |  |                  | None of the above  |  |
| 13. | Chapte<br>Bankrı   | u filing under<br>er 11 of the<br>uptcy Code and are<br>small business  | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set applied deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the print 11 U.S.C. 1116(1)(B). |                  |  |  |
|     | For a d  | lefinition of <i>small</i>  | ■ No.  | I am n           | not filing under Chapter 11.   |  |
|     | busine   | ss debtor, see 11<br>§ 101(51D).  | □ No.  | I am fi<br>Code. | filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|     |  |   | ☐ Yes.   | I am fi          | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Par | t 4: R   | eport if You Own or   | Have Any   | Hazardo          | ous Property or Any Property That Needs Immediate Attention  |  |
| 14. |  | own or have any   | ■ No.  |                  |  |  |
|     | alleged<br>of imm  | d to pose a threat<br>ninent and  | ☐ Yes.   | What is t        | the hazard?  |  |
|     | identifiable hazard to<br>public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention? |   |  |                  | diate attention is<br>, why is it needed?  |  |
|     |  | ample, do you own<br>able goods, or   |  |                  |  |  |

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Harriet L. Day

Debtor 1 Harriet L. Day

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Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 Harriet L. Day   |                         | Docum   |   | number (if known)   |  |  |  |
|------|--|-------------------------|---|---|---|--|--|--|
| Part | 6: Answer These Quest  | ions for Re             | porting Purposes  |   |   |  |  |  |
| 16.  | What kind of debts do you have?                                |                         | re your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an dividual primarily for a personal, family, or household purpose."  I No. Go to line 16b.  Yes. Go to line 17.  re your debts primarily business debts? Business debts are debts that you incurred to obtain ionery for a business or investment or through the operation of the business or investment.  I No. Go to line 16c.  I Yes. Go to line 17.  Itate the type of debts you owe that are not consumer debts or business debts  am not filing under Chapter 7. Go to line 18.  am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses re paid that funds will be available to distribute to unsecured creditors?  I No I Yes  I No I Yes  I 1,000-5,000  I 1,000-5,000  I 1,000-5,000  I 1,000-5,000  I 1,000-0,001 - \$10 million  S500,000,001 - \$10 billion  \$10,000,001 - \$10 million  \$10,000,001 - \$10 billion  \$10,000,001 - \$10 million  More than \$50 billion  More than \$50 billion  \$10,000,001 - \$10 billion  \$10,000,000,001 - \$10 billion |   |   |  |  |  |
|      |  |                         | ☐ No. Go to line 16b.   |   |   |  |  |  |
|      |  |                         | ■ Yes. Go to line 17.   |   |   |  |  |  |
|      |  |                         |   |   |   |  |  |  |
|      |  |                         | ☐ No. Go to line 16c.   |   |   |  |  |  |
|      |  |                         | ☐ Yes. Go to line 17.   |   |   |  |  |  |
|      |  | 16c.                    | State the type of debts you   | u owe that are not consumer debts or b    | ousiness debts  |  |  |  |
| 17.  | Are you filing under<br>Chapter 7?                             | ■ No.                   | am not filing under Chap  | oter 7. Go to line 18.                    |   |  |  |  |
|      | Do you estimate that after any exempt property is excluded and |                         | are paid that funds will be   |   |   |  |  |  |
|      | administrative expenses are paid that funds will               |                         | □ No  |   | to line 18.  estimate that after any exempt property is excluded and administrative expenses to distribute to unsecured creditors?    1,000-5,000 |  |  |  |
|      | be available for distribution to unsecured creditors?          |                         | □ Yes   |   |   |  |  |  |
| 18.  |  | <b>1</b> -49            |   | □ 1,000-5,000                             | <b>25,001-50,000</b>  |  |  |  |
|      | you estimate that you owe?                                     | ☐ 50-99                 |   | <b>5001-10,000</b>                        | <b>5</b> 0,001-100,000  |  |  |  |
|      | owe.   | <u> </u>                |   | □ 10,001-25,000                           | ☐ More than100,000  |  |  |  |
|      |  | □ 200-99                | 9   |   |   |  |  |  |
| 19.  | How much do you  | <b>\$0 - \$5</b>        | 0.000   | □ \$1,000,001 - \$10 million              | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|      | estimate your assets to be worth?                              |                         | 1 - \$100,000   |   |   |  |  |  |
|      | 30 1101111   |                         | 01 - \$500,000  |   |   |  |  |  |
|      |  | □ \$500,0               | 01 - \$1 million  | □ \$100,000,001 - \$500 millio            | on  |  |  |  |
| 20.  | How much do you  | <b>\$0 - \$5</b>        | 0.000   | ☐ \$1,000,001 - \$10 million              | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|      | estimate your liabilities to be?                               |                         | 1 - \$100,000   |   |   |  |  |  |
|      |  | □ \$100,0¢              | 01 - \$500,000  |   |   |  |  |  |
|      |  | □ \$500,0               | 01 - \$1 million  | □ \$100,000,001 - \$500 millio            | on  |  |  |  |
| Part | 7: Sign Below  |                         |   |   |   |  |  |  |
| For  | you  | I have exa              | mined this petition, and I  | declare under penalty of perjury that the | e information provided is true and correct.   |  |  |  |
|      |  |                         |   |   |   |  |  |  |
|      |  | document,               | I have obtained and read  | I the notice required by 11 U.S.C. § 342  | 2(b).   |  |  |  |
|      |  | I request r             | elief in accordance with th   | ne chapter of title 11, United States Cod | le, specified in this petition.   |  |  |  |
|      |  | bankruptcy<br>and 3571. | case can result in fines u  |   | noney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,   |  |  |  |
|      |  | /s/ Harriet L           |   |   | Debtor 2  |  |  |  |
|      |  |                         | of Debtor 1   | oignature of                              | 2000. 2   |  |  |  |
|      |  | Executed                | on <b>February 19, 201</b> 8  | 8 Executed or                             | 1   |  |  |  |
|      |  |                         | MM / DD / YYYY  |   | MM / DD / YYYY  |  |  |  |
|      |  |                         |   |   |   |  |  |  |

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Debtor 1 Harriet L. Day

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Gary C. Flanders                   | Date          | February 19, 2018 |  |
|--|---------------|-------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY    |  |
| Gary C. Flanders 6180219 Printed name  |               |                   |  |
| Bankruptcy Clinic                      |               |                   |  |
| 1 Court Place<br>Rockford, IL 61101    |               |                   |  |
| Number, Street, City, State & ZIP Code |               |                   |  |
| Contact phone <b>815-962-7084</b>      | Email address |                   |  |
| 6180219 IL                             |               |                   |  |
| Bar number & State                     |               |                   |  |

|                     |                          | DUCUIII           | ent Paue o Ul 33 |                                      |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |                                      |
| Debtor 1            | Harriet L. Day           |                   |                  |                                      |
|                     | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2            |                          |                   |                  |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number         |                          |                   |                  |                                      |
| (if known)          |                          |                   |                  | ☐ Check if this is an amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|    |   | Your as      | ssets<br>of what you own      |
|----|---|--------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 17,650.00                     |
|    | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 17,650.00                     |
| Pa | st 2: Summarize Your Liabilities  |              |                               |
|    |   |              | <b>abilities</b><br>t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$           | 0.00                          |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 20,800.00                     |
|    | Your total liabilities  | \$           | 20,800.00                     |
| Pa | rt 3: Summarize Your Income and Expenses  |              |                               |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 2,475.00                      |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 1,880.00                      |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | ır other sch | nedules.                      |
|    | ■ Yes What kind of debt do you have?  |              |                               |

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Harriet L. Day

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |    |
|----|--|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ |

704.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cl | aim  |
|--|----------|------|
| From Part 4 on Schedule E/F, copy the following:   |          |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$       | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$       | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$       | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$       | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$       | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$      | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$       | 0.00 |

|            |                    |   | Doc                                   | ument Page 10 of   | 55                                       |   |
|------------|--------------------|---|---------------------------------------|--|--|---|
| Fill in    | this info          | rmation to identify your                | case and this filing                  | :  |  |   |
| Debto      | r 1                | Harriet L. Day                          |                                       |  |  |   |
|            |                    | First Name                              | Middle Name                           | Last Name  |  |   |
| Debto      |                    | First Name                              | Middle Nove                           | Local Name   |  |   |
| (Spouse    | e, if filing)      | First Name                              | Middle Name                           | Last Name  |  |   |
| United     | l States B         | ankruptcy Court for the:                | NORTHERN DIST                         | RICT OF ILLINOIS   |  |   |
| Casa       | number             |   |                                       |  |  | ☐ Check if this is an                       |
| Ousc       | namber             |   |                                       |  |  | ☐ Check if this is an amended filing        |
|            |                    |   |                                       |  |  | J   |
| ~ · · ·    | –                  | 400A/D                                  |                                       |  |  |   |
| Offic      | cial Fo            | orm 106A/B                              |                                       |  |  |   |
| Scł        | nedu               | le A/B: Prop                            | erty                                  |  |  | 12/15                                       |
| n each     | category,          | separately list and describ             | e items. List an asset                | only once. If an asset fits in more                                      | e than one category, list the ass        | et in the category where you                |
| nforma     |                    | re space is needed, attach              |                                       | married people are filing together<br>is form. On the top of any additio |  |   |
|            | -                  |   |                                       |  |  |   |
| Part 1:    | Describe           | e Each Residence, Building              | g, Land, or Other Real                | Estate You Own or Have an Intere   | est In                                   |   |
| . Do y     | ou own or          | have any legal or equitabl              | e interest in any reside              | ence, building, land, or similar pro                                     | operty?                                  |   |
| <b>.</b>   |                    |   |                                       |  |  |   |
| _          | o. Go to Pa        |   |                                       |  |  |   |
| ЦΥ         | es. Where          | is the property?                        |                                       |  |  |   |
| Part 2:    | Describe           | e Your Vehicles                         |                                       |  |  |   |
|            |                    |   |                                       |  |  |   |
|            |                    |   |                                       | ny vehicles, whether they are  |  | ny vehicles you own that                    |
| someo      | ne eise ar         | ives. If you lease a venic              | ie, also report it on S               | chedule G: Executory Contracts   | s and Unexpired Leases.                  |   |
| 3. Car     | s, vans, t         | rucks, tractors, sport u                | tility vehicles, moto                 | rcycles  |  |   |
|            | lo.                |   |                                       |  |  |   |
| -          | -                  |   |                                       |  |  |   |
| Y          | es                 |   |                                       |  |  |   |
| 0.4        |                    | Chryslor                                | 140 - 1                               |  | Do not deduct secur                      | ed claims or exemptions. Put                |
| 3.1        | Make:              | Chrysler<br>PT Cruiser                  |                                       | n interest in the property? Check or                                     | the amount of any se                     | ecured claims on Schedule D:                |
|            | Model:             | 2007                                    | Debtor 1                              | •  | Creditors who have                       | Claims Secured by Property.                 |
|            | Year:<br>Approxima |   | □ Debtor 2<br>, <b>000</b> □ Debtor 1 | and Debtor 2 only  | Current value of the<br>entire property? | e Current value of the portion you own?     |
|            | Other info         |   |                                       | one of the debtors and another   | chare property.                          | portion you out                             |
| 1          |                    | etail value \$1800.00                   |                                       | on the debtors and another   |  |   |
|            |                    | *************************************** |                                       | f this is community property   | \$1,000.0                                | 90 \$1,000.00                               |
| L          |                    |   | (see instr                            | uctions)   |  |   |
|            |                    |   |                                       |  |  |   |
| . Wat      | ercraft, a         | ircraft, motor homes, A                 | TVs and other recre                   | eational vehicles, other vehicl  | les, and accessories                     |   |
| Exa        | mples: Bo          | ats, trailers, motors, pers             | onal watercraft, fishir               | ng vessels, snowmobiles, motor   | rcycle accessories                       |   |
|            |                    |   |                                       |  |  |   |
| <b>I</b> N |                    |   |                                       |  |  |   |
| □ Y        | es                 |   |                                       |  |  |   |
|            |                    |   |                                       |  |  |   |
|            |                    |   |                                       |  |  |   |
|            |                    |   |                                       | our entries from Part 2, include here                                    |  | \$1,000.00                                  |
| .paţ       | goo you i          | iavo attaonica for i dit Z              | te that number                        |  |  | · · ·                                       |
| Part 3:    | Describe           | e Your Personal and Hous                | ehold Items                           |  |  |   |
|            |                    |   |                                       | of the following items?  |  | Current value of the                        |
| . , 0      |                    | ,g c. equi                              |                                       |  |  | portion you own?                            |
|            |                    |   |                                       |  |  | Do not deduct secured claims or exemptions. |
|            |                    |   |                                       |  |  | CIAITTIS OF EXCITIDUOTIS.                   |

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

| Debtor 1                  | Case 18-  |              | Doc 1                              | Filed 02/19/18<br>Document                     | Page 11 of 55                        | L:01:15<br>per (if known) | Desc Main                      |
|---------------------------|---|--------------|------------------------------------|--|--------------------------------------|---------------------------|--------------------------------|
| ■ Yes                     | s. Describe   |              |                                    |  |                                      |                           |                                |
|                           |   |              |                                    | seat, washer, dryer,<br>ail value of \$4000.00 | stove, refrigeraotr, desk, e         | c.                        | \$2,000.00                     |
| □ No                      | oles: Televisions a                                       |              |                                    | stereo, and digital equip<br>ia players, games | oment; computers, printers, scanr    | ners; music c             | ollections; electronic devices |
|                           |   | TV, com      | nputer with                        | estimated retail val                           | lue of \$300.00                      |                           | \$150.00                       |
|                           |   | Cell Pho     | one with es                        | stimated retail value                          | of \$400.00                          |                           | \$200.00                       |
| Exam <sub>l</sub><br>■ No |   |              | oaintings, prin<br>rabilia, collec |  | oks, pictures, or other art objects; | stamp, coin               | or baseball card collections;  |
| Exam <sub>i</sub><br>■ No | ment for sports a<br>bles: Sports, photo<br>musical instr | graphic, ex  |                                    | ther hobby equipment;                          | bicycles, pool tables, golf clubs, s | kis; canoes               | and kayaks; carpentry tools;   |
| ■ No                      |   | s, shotguns  | , ammunition                       | , and related equipmen                         | t                                    |                           |                                |
| □ No                      |   | othes, furs, | leather coats                      | s, designer wear, shoes                        | , accessories                        |                           |                                |
| <b>—</b> 163              | . Describe  | clothing     | g with estin                       | nated retail value of                          | \$500.00                             |                           | \$200.00                       |
| □ No                      |   |              | , ,                                | engagement rings, wed                          | ding rings, heirloom jewelry, watc   | hes, gems, o              | gold, silver<br>\$150.00       |
|                           |   | 20.10.19     |                                    | iatou iotali valuo oi                          | <del></del>                          |                           |                                |
| <i>Exan</i><br>□ No       | farm animals<br>nples: Dogs, cats,                        | birds, horse | es                                 |  |                                      |                           |                                |
| ■ Yes                     | s. Describe   |              |                                    |  |                                      |                           |                                |
|                           |   | cat          |                                    |  |                                      |                           | \$0.00                         |
| 14. <b>Any c</b>          | other personal an   | d househo    | old items you                      | ı did not already list, i                      | ncluding any health aids you d       | d not list                |                                |

☐ Yes. Give specific information.....

Case 18-80305 Doc 1 Filed 02/19/18 Entered 02/19/18 11:01:15 Desc Main Document Page 12 of 55 Case number (if known) Debtor 1 Harriet L. Day 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,700.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **BMO Harris Bank** \$250.00 17.1. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description.

Official Form 106A/B Schedule A/B: Property page 3

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No □ Yes.....

| De  | ebtor 1        | Harriet L. Day                                       |                            | Document  | Page 13 of 55              | Case number (if known)       |   |
|-----|----------------|--|----------------------------|---|----------------------------|------------------------------|---|
| 25. |                | , equitable or future                                | e interests in             | property (other than anythic                                  | ng listed in line 1), and  | d rights or powers exerc     | isable for your benefit   |
|     | ■ No<br>□ Yes. | Give specific inform                                 | nation about the           | em  |                            |                              |   |
| 26. | Examp          |  |                            | secrets, and other intellect<br>ites, proceeds from royalties |                            | nts                          |   |
|     | ■ No<br>□ Yes. | Give specific inform                                 | nation about the           | em  |                            |                              |   |
| 27. |                | es, franchises, and oles: Building permit            |                            | I intangibles<br>enses, cooperative association               | on holdings, liquor licens | ses, professional licenses   |   |
|     | ☐ Yes.         | Give specific inform                                 | nation about the           | em  |                            |                              |   |
| M   | oney or        | property owed to y                                   | ou?                        |   |                            |                              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | □ No           | funds owed to you Give specific inform               | ation about the            | em, including whether you alro                                | eady filed the returns ar  | nd the tax years             |   |
|     |                |  |                            | 2017 tax refund   |                            |                              | \$200.00  |
| 29. | Examp<br>■ No  | support  bles: Past due or lum  Give specific inform |                            | /, spousal support, child supp                                | ort, maintenance, divor    | rce settlement, property se  | ettlement   |
| 30. |                |  | disability insur           | ance payments, disability berade to someone else              | nefits, sick pay, vacatior | n pay, workers' compens      | ation, Social Security  |
|     |                | Give specific inform                                 |                            |   |                            |                              |   |
| 31. |                | sts in insurance pol<br>oles: Health, disabilit      |                            | nce; health savings account                                   | (HSA); credit, homeowr     | ner's, or renter's insurance | Э   |
|     | ■ Yes.         | Name the insurance                                   | company of e<br>Company na | ach policy and list its value.<br>ame:                        | Beneficial                 | ry:                          | Surrender or refund value:  |
|     |                |  | Life insura<br>Life        | ance through United Nat                                       | ion<br>Son is b            | peneficiary                  | \$6,000.00  |
|     |                |  | Life insura                | ance through Banker's L                                       | lfe son is b               | eneficiary                   | \$5,500.00  |
|     |                |  | Life insura                | ance through Foresters  | son is b                   | eneficiary                   | \$0.00  |
|     |                |  | Life insura                | ance through Columbian  | Life Daughte               | er is Beneficiary            | \$2,000.00  |
| 32. | Any int        | terest in property tl                                | hat is due you             | from someone who has di                                       | ed                         |                              |   |

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

|                            | Case 18-80305   | Doc 1         | Filed 02/19/18<br>Document | Entered 02/19/18 11:01:15<br>Page 14 of 55  | Desc Main        |
|----------------------------|---|---------------|----------------------------|---|------------------|
| Debtor 1                   | Harriet L. Day  |               | Document                   | Case number (if known)                      |                  |
| ☐ Yes.                     | Give specific information                                     |               |                            |   |                  |
|                            |   |               |                            | t or made a demand for payment              |                  |
| Examp<br>■ No              | bles: Accidents, employment                                   | disputes, in  | surance claims, or rights  | s to sue                                    |                  |
|                            | Describe each claim   |               |                            |   |                  |
| 34. <b>Other</b> (         | contingent and unliquidate                                    | d claims of   | every nature, including    | g counterclaims of the debtor and rights to | o set off claims |
| ■ No                       |   |               |                            | 5   |                  |
| ☐ Yes.                     | Describe each claim   |               |                            |   |                  |
| 35. <b>Any fir</b><br>□ No | nancial assets you did not a                                  | already list  |                            |   |                  |
| _                          | Give specific information                                     |               |                            |   |                  |
|                            |   | Social        | Security with month        | ny benefits                                 | Unknown          |
|                            |   |               |                            |   |                  |
|                            |   | pensio        | on monthly benefit         |   | Unknown          |
|                            |   | Pensio        | on with monthly ben        | efit  | Unknown          |
|                            |   | 1 011010      | m with monthly bon         |   |                  |
|                            |   | Pensio        | on with monthly ben        | efit  | Unknown          |
|                            |   |               |                            |   |                  |
|                            | the dollar value of all of you<br>art 4. Write that number he |               |                            | ny entries for pages you have attached      | \$13,950.00      |
| Dart E. Da                 | aniha Awa Basimana Balatad I                                  | 3             | O H Internet               | In 1 let annual actet in Day 4              |                  |
|                            |   |               |                            | n. List any real estate in Part 1.          |                  |
| -                          | own or have any legal or equita<br>to to Part 6.              | able interest | in any business-related p  | roperty?                                    |                  |
| _                          | Go to line 38.  |               |                            |   |                  |
|                            |   |               |                            |   |                  |
|                            | scribe Any Farm- and Commer                                   |               |                            | n or Have an Interest In.                   |                  |
| 46. <b>Do yo</b> ι         | ı own or have any legal or                                    | equitable in  | iterest in any farm- or o  | commercial fishing-related property?        |                  |
| ■ No.                      | Go to Part 7.   | •             | •                          |   |                  |
| ☐ Yes                      | s. Go to line 47.   |               |                            |   |                  |
| Part 7:                    | Describe All Property You O                                   | wn or Have a  | n Interest in That You Dic | l Not List Above                            |                  |
|                            | u have other property of an                                   |               |                            |   |                  |
| ■ No                       |   |               | •                          |   |                  |
| ☐ Yes.                     | Give specific information                                     |               |                            |   |                  |
| 54. Add t                  | the dollar value of all of you                                | ur entries fr | om Part 7. Write that n    | umber here                                  | \$0.00           |
|                            |   |               |                            |   |                  |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known)

Document Debtor 1 Harriet L. Day

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |             |
|------|--|-------------|------------------------------|-------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$0.00      |
| 56.  | Part 2: Total vehicles, line 5                               | \$1,000.00  |                              |             |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,700.00  |                              |             |
| 58.  | Part 4: Total financial assets, line 36                      | \$13,950.00 |                              |             |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |             |
| 62.  | Total personal property. Add lines 56 through 61             | \$17,650.00 | Copy personal property total | \$17,650.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$17,650.00 |

Official Form 106A/B Schedule A/B: Property page 6

Page 16 of 55 Document Fill in this information to identify your case: Debtor 1 Harriet L. Day Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | unt of the exemption you claim                                  | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec | k only one box for each exemption.                              |                                    |
| 2007 Chrysler PT Cruiser 151,000 miles   | \$1,000.00                           |      | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Dealer retail value \$1800.00<br>Line from Schedule A/B: 3.1                           |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| bed, dresser, loveseat, washer,<br>dryer, stove, refrigeraotr, desk, etc.              | \$2,000.00                           |      | \$2,000.00  | 735 ILCS 5/12-1001(b)              |
| with estimated retail value of \$4000.00 Line from Schedule A/B: 6.1                   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| TV, computer with estimated retail value of \$300.00                                   | \$150.00                             | •    | \$150.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 7.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cell Phone with estimated retail value of \$400.00                                     | \$200.00                             |      | \$200.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>7.2</b>   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| clothing with estimated retail value of \$500.00                                       | \$200.00                             | •    | \$200.00  | 735 ILCS 5/12-1001(a)              |
| Line from Schedule A/B: 11.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

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| otor 1 Harriet L. Day   |                                      |         | Case number (if known)  |                                    |
|---|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|   | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
| Jewelry with estimated retail value of \$300.00   | \$150.00                             |         | \$150.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| checking: BMO Harris Bank Line from Schedule A/B: 17.1                                  | \$250.00                             |         | \$250.00  | 735 ILCS 5/12-1001(b)              |
| and non-our our out of the  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Life insurance through United Nation<br>Llfe  | \$6,000.00                           |         | \$1,250.00  | 735 ILCS 5/12-1001(b)              |
| Beneficiary: Son is beneficiary<br>Line from <i>Schedule A/B</i> : 31.1                 |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Life insurance through Columbian<br>Life  | \$2,000.00                           |         |   | 215 ILCS 5/238                     |
| Beneficiary: Daughter is Beneficiary Line from <i>Schedule A/B</i> : 31.4               |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Social Security with monthy benefits Line from Schedule A/B: 35.1                       | Unknown                              |         |   | 735 ILCS 5/12-1001(g)(1)           |
| Ellie II olii ochedale 745. Go. 1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| pension monthly benefit<br>Line from Schedule A/B: 35.2                                 | Unknown                              |         |   | 735 ILCS 5/12-1001(g)(1)           |
| Ellie II olii ochedale AVD. 33.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Pension with monthly benefit Line from Schedule A/B: 35.3                               | Unknown                              |         |   | 735 ILCS 5/12-1001(g)(1)           |
| Ellio II olii osiloddio 772. eele   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Pension with monthly benefit  | Unknown                              |         |   | 735 ILCS 5/12-1001(g)(1)           |
|   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
| Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 |                                      |         | led on or after the date of adjustmen                           | nt )                               |
| No  | , care and marror of                 | .555 11 | S. or and the date of adjustmen                                 | •••,                               |
| Yes. Did you acquire the property covere  | d by the exemption wi                | thin 1  | ,215 days before you filed this case                            | ?                                  |
| □ No  |                                      |         |   |                                    |
| ☐ Yes   |                                      |         |   |                                    |

Fill in this information to identify your case: Debtor 1 Harriet L. Day Middle Name First Name Last Name Debtor 2 Middle Name First Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                       | Case 10-00303 L  | Document   | Page 19 of 55  | Desc Main                           |
|-----------------------|--|--|--|-------------------------------------|
| Fill in thi           | s information to identify your o   |  |  |                                     |
| Debtor 1              | Harriet L. Day   |  |  |                                     |
| DODIO! !              | First Name   | Middle Name  | Last Name  |                                     |
| Debtor 2              |  |  |  |                                     |
| (Spouse if, fi        | ling) First Name   | Middle Name  | Last Name  |                                     |
| United St             | ates Bankruptcy Court for the:   | NORTHERN DISTRICT OF ILL   | INOIS  |                                     |
| Case nun              | nber   |  |  |                                     |
| (if known)            |  |  |  | ☐ Check if this is an               |
|                       |  |  |  | amended filing                      |
| Official              | Form 106E/F  |  |  |                                     |
|                       |  | ha Haya Unagaurad  | Claima   | 12/15                               |
|                       |  | ho Have Unsecured  | Claiffis Y claims and Part 2 for creditors with NONPRI   |                                     |
| Schedule Deft. Attach | D: Creditors Who Have Claims Secu  | ured by Property. If more space is n<br>e. If you have no information to rep | o not include any creditors with partially secu<br>leeded, copy the Part you need, fill it out, num<br>lort in a Part, do not file that Part. On the top o | ber the entries in the boxes on the |
|                       | y creditors have priority unsecured  |  |  |                                     |
|                       | . Go to Part 2.  | a ciamis agamst you:   |  |                                     |
|                       |  |  |  |                                     |
| ☐ Ye  Part 2:         |  | V Unacquired Claims  |  |                                     |
|                       | List All of Your NONPRIORIT  |  |  |                                     |
| _                     | y creditors have nonpriority unsec   |  |  |                                     |
| ⊔ No                  | . You have nothing to report in this pa  | art. Submit this form to the court with y                                    | our other schedules.   |                                     |
| Ye                    | S.   |  |  |                                     |
| unsec                 | ured claim, list the creditor separately<br>ne creditor holds a particular claim, li | for each claim. For each claim listed,                                       | e creditor who holds each claim. If a creditor hat identify what type of claim it is. Do not list claims ave more than three nonpriority unsecured claims  | already included in Part 1. If more |
|                       |  |  |  | Total claim                         |
|                       | Barclay Card Inpriority Creditor's Name  | Last 4 digits of acco  | ount number  | \$2,200.00                          |
| P                     | P.O. Box 8802<br>Vilmington, DE 19899-8802   | When was the debt  | incurred?  |                                     |
|                       | umber Street City State Zlp Code   | As of the date you fi  | ile, the claim is: Check all that apply  |                                     |
| W                     | /ho incurred the debt? Check one.  |  |  |                                     |
|                       | Debtor 1 only  | ☐ Contingent   |  |                                     |
|                       | Debtor 2 only  | ☐ Unliquidated   |  |                                     |
|                       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                                     |
|                       | At least one of the debtors and and  | , iiioi  | ITY unsecured claim:   |                                     |
|                       | Check if this claim is for a comm  | nunity   |  |                                     |
|                       | ebt  |  | g out of a separation agreement or divorce that yo   | ou did not                          |
|                       | s the claim subject to offset?  No   | report as priority clain   | ns or profit-sharing plans, and other similar debts  |                                     |
|                       |  | ·  |  |                                     |
| L                     | Yes  | Other, Specify   | credit purchases   |                                     |

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Debtor 1 Harriet L. Day Case number (if know) 4.2 **Capital One Bank** Last 4 digits of account number 1530 \$3.900.00 Nonpriority Creditor's Name P.O. Box 30285 When was the debt incurred? Salt Lake City, UT 84130-0285 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit purchases ☐ Yes 4.3 **Care Credit** Last 4 digits of account number 9378 \$1,900.00 Nonpriority Creditor's Name P.O. Box 965036 When was the debt incurred? Orlando, FL 32896-5036 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No  $\Pi$  Yes loan Other. Specify 4.4 Chase/Amazon Last 4 digits of account number \$1,450.00 Nonpriority Creditor's Name P.O. Box 15298 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit purchases ☐ Yes

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| Debtor | 1 Harriet L. Day   | Case number (if know)   |            |
|--------|--|---|------------|
| 4.5    | Credit One Bank  | Last 4 digits of account number   | \$2,150.00 |
|        | Nonpriority Creditor's Name P.O. Box 98873 Las Vegas, NV 89193-8873  | When was the debt incurred?   |            |
|        | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                    |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | ☐ Yes  | Other. Specify credit purchases   |            |
| 4.6    | Lending Tree   | Last 4 digits of account number   | \$6,300.00 |
|        | Nonpriority Creditor's Name  |   | -          |
|        | P.O. Box 39000<br>San Francisco, CA 94139                            | When was the debt incurred?   |            |
|        | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                    |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|        | Is the claim subject to offset?                                      | report as priority claims   |            |
|        | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | Yes  | Other. Specify Ioan   |            |
| 4.7    | Nationwide   | Last 4 digits of account number 3433  | \$2,900.00 |
|        | Nonpriority Creditor's Name P.O. Box 9215 Old Bethpage, NY 11804     | When was the debt incurred?   |            |
|        | Number Street City State ZIp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only   | □ Disputed  |            |
|        | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | ☐ Yes  | ■ Other. Specify credit purchases   |            |
|        |  |   |            |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Harriet L. Day

|                                |            |   |            | Total Claim            |
|--------------------------------|------------|---|------------|------------------------|
|                                | 6a.        | Domestic support obligations  | 6a.        | \$<br>0.00             |
| Total claims                   |            |   |            |                        |
| from Part 1                    | 6b.        | Taxes and certain other debts you owe the government  | 6b.        | \$<br>0.00             |
|                                | 6c.        | Claims for death or personal injury while you were intoxicated  | 6c.        | \$<br>0.00             |
|                                | 6d.        | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.        | \$<br>0.00             |
|                                | 6e.        | Total Priority. Add lines 6a through 6d.  | 6e.        | \$<br>0.00             |
|                                | 6f.        | Student loans   | 6f.        | \$<br>Total Claim 0.00 |
| Total<br>claims<br>from Part 2 | 6g.        | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.<br>6h. | \$<br>0.00             |
|                                | 6h.<br>6i. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6i.        | \$<br>0.00             |
|                                | OI.        | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | Oi.        | \$<br>20,800.00        |
|                                | 6j.        | Total Nonpriority. Add lines 6f through 6i.   | 6j.        | \$<br>20,800.00        |

Document Fill in this information to identify your case: Debtor 1 Harriet L. Day Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with<br>Name, Number | whom you have the Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     |   |
|     | City      |                              | State   | ZIP Code            |   |
| 2.2 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     |   |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.3 |           |                              |   |                     |   |
|     | Name      |                              |   |                     |   |
|     | Number    | Street                       |   |                     | <u> </u>                                |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.4 | ,         |                              |   |                     |   |
|     | Name      |                              |   |                     | _                                       |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | _                                       |
| 2.5 | Oity      |                              | State   | Zii Code            |   |
|     | Name      |                              |   |                     | _                                       |
|     | Number    | Street                       |   |                     | _                                       |
|     | City      |                              | State   | ZIP Code            | _                                       |

|                 |  | Docume                          | ent Page 24 (             | of 55                              |                              |
|-----------------|--|---------------------------------|---------------------------|------------------------------------|------------------------------|
| Fill in this    | s information to identify you                          | ur case:                        |                           |                                    |                              |
| Dobtor 1        | Hamist I. Day  |                                 |                           |                                    |                              |
| Debtor 1        | Harriet L. Day First Name                              | Middle Name                     | Last Name                 |                                    |                              |
| Debtor 2        |  |                                 |                           |                                    |                              |
| (Spouse if, fil | ling) First Name                                       | Middle Name                     | Last Name                 |                                    |                              |
|                 |  | NODTHERN BIOTRICT               | 05 11 1 15 10 10          |                                    |                              |
| United Sta      | ates Bankruptcy Court for the                          | : NORTHERN DISTRICT             | OF ILLINOIS               |                                    |                              |
| Case num        | nher   |                                 |                           |                                    |                              |
| (if known)      |  |                                 |                           |                                    | Check if this is an          |
|                 |  |                                 |                           | _                                  | amended filing               |
|                 |  |                                 |                           |                                    | •                            |
| Officia         | al Form 106H   |                                 |                           |                                    |                              |
|                 | dule H: Your Co  | dobtore                         |                           |                                    | 40/45                        |
| Sche            | dule H. Tour Co  | ueblois                         |                           |                                    | 12/15                        |
|                 |  |                                 |                           | s complete and accurate as po      |                              |
|                 | and number the entries in the and case number (if know |                                 |                           | to this page. On the top of any    | Additional Pages, write      |
| 1. Do           | you have any codebtors? (                              | If you are filing a joint case, | do not list either spouse | e as a codebtor.                   |                              |
| ■ No            | 1  |                                 |                           |                                    |                              |
| □ Ye            |  |                                 |                           |                                    |                              |
| <b>–</b> 16     | 3  |                                 |                           |                                    |                              |
|                 |  |                                 |                           | ry? (Community property states a   | and territories include      |
| Arizo           | na, California, Idaho, Louisiar                        | na, Nevada, New Mexico, Pu      | erto Rico, Texas, Wash    | ington, and Wisconsin.)            |                              |
|                 |  |                                 |                           |                                    |                              |
|                 | . Go to line 3.  |                                 |                           |                                    |                              |
| <b>∐</b> Ye     | s. Did your spouse, former sp                          | ouse, or legal equivalent live  | with you at the time?     |                                    |                              |
|                 |  |                                 |                           |                                    |                              |
| 3. In Co        | lumn 1. list all of your code                          | btors. Do not include vour      | spouse as a codebto       | r if your spouse is filing with yo | ou. List the person shown    |
| in lin          | e 2 again as a codebtor only                           | y if that person is a guaran    | tor or cosigner. Make     | sure you have listed the credit    | or on Schedule D (Official   |
|                 |  | ial Form 106E/F), or Sched      | ule G (Official Form 10   | 06G). Use Schedule D, Schedul      | e E/F, or Schedule G to fill |
| out C           | Column 2.  |                                 |                           |                                    |                              |
|                 | Column 1: Your codebtor                                |                                 |                           | Column 2: The creditor to          | whom you owe the debt        |
|                 | Name, Number, Street, City, State and                  | I ZIP Code                      |                           | Check all schedules that ap        | oply:                        |
|                 |  |                                 |                           |                                    |                              |
| 3.1             | Nama   |                                 |                           | Schedule D, line                   |                              |
|                 | Name   |                                 |                           | ☐ Schedule E/F, line               |                              |
|                 |  |                                 |                           | ☐ Schedule G, line                 |                              |
|                 | Number Street  |                                 |                           | _                                  |                              |
|                 | City   | State                           | ZIP Code                  |                                    |                              |
|                 |  |                                 |                           |                                    |                              |
|                 |  |                                 |                           | По                                 |                              |
| 3.2             | Name   |                                 |                           | Schedule D, line                   |                              |
|                 | INGILIE  |                                 |                           | ☐ Schedule E/F, line               |                              |
|                 |  |                                 |                           | ☐ Schedule G, line                 |                              |
|                 | Number Street  |                                 |                           |                                    |                              |
|                 | City   | State                           | ZIP Code                  |                                    |                              |

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|                    | in this information to identify y   |  |   |                       |                          |   |              |                            |                 |
|--------------------|---|--|---|-----------------------|--------------------------|---|--------------|----------------------------|-----------------|
| Del                | otor 1 Harriet  | L. Day   |   |                       | _                        |   |              |                            |                 |
|                    | otor 2<br>ouse, if filing)  |  |   |                       | _                        |   |              |                            |                 |
| Uni                | ted States Bankruptcy Court f   | or the: NORTHERN DISTRIC   | CT OF ILLINOIS                                      |                       | _                        |   |              |                            |                 |
|                    | se number<br>   |  | -   |                       |                          | neck if this is: An amende A suppleme 13 income a | ent showing  | postpetition lowing date:  |                 |
| 0                  | fficial Form 106I   |  |   |                       |                          | MM / DD/ Y  | YYY          |                            |                 |
| S                  | chedule I: Your   | Income   |   |                       |                          |   |              |                            | 12/15           |
| sup<br>spo<br>atta | plying correct information. I<br>use. If you are separated an             | s possible. If two married peo<br>f you are married and not fili<br>d your spouse is not filing w<br>orm. On the top of any additi | ing jointly, and your s<br>rith you, do not include | spouse i<br>de inforr | s living w<br>nation abo | ith you, inclu<br>out your spo                    | ude inform   | ation about<br>re space is | your<br>needed, |
| 1.                 | Fill in your employment information.                                      |  | Debtor 1  |                       |                          | Debtor 2  | or non-fili  | ng spouse                  |                 |
|                    | If you have more than one jo  |  | ☐ Employed  |                       |                          | ☐ Emplo   | yed          |                            |                 |
|                    | attach a separate page with<br>information about additional<br>employers. |  | ■ Not employed                                      |                       |                          | ☐ Not er  | mployed      |                            |                 |
|                    | Include part-time, seasonal, self-employed work.                          | Occupation  or  Employer's name  |   |                       |                          |   |              |                            |                 |
|                    | Occupation may include stu or homemaker, if it applies.                   | dent Employer's address  |   |                       |                          |   |              |                            |                 |
|                    |   | How long employed t  | there?  |                       |                          |   |              |                            |                 |
| Pai                | t 2: Give Details Abou  | it Monthly Income  |   |                       |                          |   |              |                            |                 |
|                    | mate monthly income as of use unless you are separated.                   | the date you file this form. If  | you have nothing to re                              | eport for a           | any line, w              | rite \$0 in the                                   | space. Incl  | ude your noi               | n-filing        |
| -                  | u or your non-filing spouse ha<br>e space, attach a separate sho          | eet to this form.  | ombine the information                              | n for all e           | mployers                 | or that perso                                     | n on the lin | es below. If               | you need        |
|                    |   |  |   |                       | For I                    | Debtor 1  | For Deb      | tor 2 or<br>g spouse       |                 |
| 2.                 |   | , salary, and commissions (both), calculate what the month   |   | 2.                    | \$                       | 0.00  | \$           | N/A                        |                 |
| 3.                 | Estimate and list monthly   | overtime pay.  |   | 3.                    | +\$                      | 0.00  | +\$          | N/A                        |                 |
| 4.                 | Calculate gross Income.   | Add line 2 + line 3.   |   | 4.                    | \$                       | 0.00  | \$           | N/A                        |                 |

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| Deb | tor 1         | Harriet L. Day   | -           | Case       | number (if known) |                     |                        |          |
|-----|---------------|--|-------------|------------|-------------------|---------------------|------------------------|----------|
|     |               |  |             | Fo         | r Debtor 1        | For Deb             | otor 2 or<br>ng spouse |          |
|     | Copy          | y line 4 here  | 4.          | \$         | 0.00              | \$                  | N/A                    |          |
| 5.  | List          | all payroll deductions:  |             |            |                   |                     |                        |          |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.         | \$         | 0.00              | \$                  | N/A                    |          |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b.         | \$         | 0.00              | \$                  | N/A                    |          |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c.         | \$         | 0.00              | \$                  | N/A                    |          |
|     | 5d.           | Required repayments of retirement fund loans   | 5d.         | \$_        | 0.00              | \$                  | N/A                    |          |
|     | 5e.           | Insurance  | 5e.         | \$_        | 0.00              | \$                  | N/A                    |          |
|     | 5f.           | Domestic support obligations   | 5f.         | \$_<br>\$  | 0.00              | \$                  | N/A                    |          |
|     | 5g.<br>5h.    | Union dues Other deductions. Specify:  | 5g.<br>5h.+ | · : —      | 0.00              | + \$                | N/A<br>N/A             |          |
| 6.  |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _ 6.        | \$<br>\$   | 0.00              |                     | N/A                    |          |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$ -<br>\$ | 0.00              | \$                  | N/A                    |          |
|     |               |  | 7.          | Φ _        | 0.00              | Φ                   | N/A                    |          |
| 8.  | List a        | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total            |             | •          |                   | •                   |                        |          |
|     | Oh            | monthly net income.  | 8a.<br>8b.  | \$_<br>\$  | 0.00              | \$                  | N/A                    |          |
|     | 8b.<br>8c.    | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent   |             | Φ_         | 0.00              | Φ                   | N/A                    |          |
|     | 00.           | regularly receive  |             |            |                   |                     |                        |          |
|     |               | Include alimony, spousal support, child support, maintenance, divorce  | •           | •          |                   | •                   |                        |          |
|     | 04            | settlement, and property settlement.   | 8c.         | \$_        | 0.00              | \$                  | N/A                    |          |
|     | 8d.<br>8e.    | Unemployment compensation Social Security  | 8d.<br>8e.  | \$_<br>\$  | 1,771.00          | \$<br>\$            | N/A<br>N/A             |          |
|     | 8f.           | Other government assistance that you regularly receive   | oe.         | Ψ_         | 1,771.00          | Ψ                   | IN/A                   |          |
|     | 01.           | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   | •           |            |                   |                     |                        |          |
|     |               | Specify:   | 8f.         | \$         | 0.00              | \$                  | N/A                    |          |
|     | 8g.           | Pension or retirement income   | 8g.         | \$         | 0.00              | \$                  | N/A                    |          |
|     | 8h.           | Other monthly income. Specify: Pension   | 8h.+        |            | 140.00            |                     | N/A                    |          |
|     |               | Pension  | _           | \$_        | 215.00            | \$                  | N/A                    |          |
|     |               | Pension  | _ ,         | \$_<br>    | 349.00            | \$                  | N/A                    | -        |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$         | 2,475.00          | \$                  | N/A                    |          |
| 10  | Calc          | culate monthly income. Add line 7 + line 9.  | 10. \$      |            | 2,475.00 + \$     | N                   | /A = \$                | 2,475.00 |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | ΙΟ.  Ψ      |            | Σ,475.00          | IN                  | <b> </b>               | 2,473.00 |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not acity: | depend      |            |                   | ed in <i>Sche</i> e | dule J.                | 0.00     |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |             |            |                   | , if it             |                        | 2,475.00 |
| 13. |               | rou expect an increase or decrease within the year after you file this form  | ?           |            |                   |                     | Combine                |          |
|     |               | No. Yes Explain: Possible increase in social security benefits   |             |            |                   |                     |                        |          |

Official Form 106I Schedule I: Your Income page 2

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| Fill in th          | nis information to identify your case:  |  |                     |   |
|---------------------|---|--|---------------------|---|
| Debtor 1            | namot El Day  |  | Check if this is    | ded filing  |
| Debtor 2            | t, if filing)   |  |                     | nent showing postpetition chapter ses as of the following date:       |
| United S            | States Bankruptcy Court for the: NORTHERN DISTRICT  | OF ILLINOIS  | MM / DD             | / YYYY  |
| Case nu<br>(If know |   |  |                     |   |
|                     |   | es with Her Daugh  | ter                 |   |
| Be as o             | edule J: Your Expenses complete and accurate as possible. If two married p ation. If more space is needed, attach another shee r (if known). Answer every question. |  |                     |   |
| Part 1:             | Describe Your Household this a joint case?  |  |                     |   |
|                     | No. Go to line 2. Yes. Does Debtor 2 live in a separate household?  |  |                     |   |
|                     | <ul><li>☐ No</li><li>☐ Yes. Debtor 2 must file Official Form 106J-2, I</li></ul>  | Expenses for Separate House                              | ehold of Debtor 2.  |   |
| 2. <b>D</b>         | o you have dependents? 📝 No   |  |                     |   |
|                     | o not list Debtor 1 and  Yes. Fill out this informate each dependent  | •  |                     | dent's Does dependent live with you?                                  |
|                     | o not state the ependents names.  |  |                     | No Yes No Yes No Yes No Yes No  |
| ex                  | by your expenses include penses of people other than ourself and your dependents?   |  |                     | Yes   |
| expens              | Estimate Your Ongoing Monthly Expenses te your expenses as of your bankruptcy filing date ses as of a date after the bankruptcy is filed. If this inable date.      | unless you are using this for some supplemental Schedule | orm as a supplement | in a Chapter 13 case to report<br>the top of the form and fill in the |
| the val             | e expenses paid for with non-cash government assi<br>ue of such assistance and have included it on Sche<br>al Form 106I.)   |  | ,                   | our expenses  |
|                     | ne rental or home ownership expenses for your resingular and any rent for the ground or lot.  | idence. Include first mortgag                            | e<br>4. \$          | 0.00  |
| If                  | not included in line 4:   |  |                     |   |
| 4a                  | ı. Real estate taxes  |  | 4a. \$              | 0.00  |
| 4b                  | ,   |  | 4b. \$              | 60.00   |
| 4c<br>4c            | ,   |  | 4c. \$<br>4d. \$    | 0.00  |
|                     | dditional mortgage payments for your residence, su  | ich as home equity loans                                 | 5. \$               | 0.00  |

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| Debtor        | Harriet L. Day   | Case num | ber (if known) |                             |
|---------------|--|----------|----------------|-----------------------------|
|               |  |          |                |                             |
|               | ilities:   |          | _              |                             |
| 6a            | •  | 6a.      | ·              | 0.00                        |
| 6b            | , , , , ,  | 6b.      | \$             | 0.00                        |
| 60            |  | 6c.      | ·              | 271.00                      |
| 60            |  | 6d.      | ·              | 0.00                        |
|               | od and housekeeping supplies   | 7.       | ·              | 450.00                      |
| _             | nildcare and children's education costs  | 8.       | \$             | 0.00                        |
|               | othing, laundry, and dry cleaning  | 9.       | \$             | 50.00                       |
|               | rsonal care products and services  | 10.      | \$             | 50.00                       |
| . Me          | edical and dental expenses   | 11.      | \$             | 150.00                      |
|               | ansportation. Include gas, maintenance, bus or train fare. onot include car payments.  | 12.      | \$             | 150.00                      |
|               | stertainment, clubs, recreation, newspapers, magazines, and books  | 13.      | \$             | 0.00                        |
|               | naritable contributions and religious donations  | 14.      | ·              | 0.00                        |
|               | surance.   |          |                |                             |
|               | o not include insurance deducted from your pay or included in lines 4 or 20.   |          |                |                             |
| 15            | a. Life insurance  | 15a.     | \$             | 345.00                      |
| 15            | b. Health insurance  | 15b.     | \$             | 275.00                      |
| 15            | c. Vehicle insurance   | 15c.     | \$             | 39.00                       |
| 15            | d. Other insurance. Specify:   | 15d.     | \$             | 0.00                        |
| 6. <b>T</b> a | xes. Do not include taxes deducted from your pay or included in lines 4 or 20.   |          |                |                             |
|               | ecify:   | 16.      | \$             | 0.00                        |
|               | stallment or lease payments:   |          |                |                             |
|               | a. Car payments for Vehicle 1  | 17a.     | ·              | 0.00                        |
|               | b. Car payments for Vehicle 2  | 17b.     | ·              | 0.00                        |
|               | c. Other. Specify:   | 17c.     | \$             | 0.00                        |
|               | d. Other. Specify:   | 17d.     | \$             | 0.00                        |
|               | our payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.      | \$             | 0.00                        |
|               | her payments you make to support others who do not live with you.  | 10.      | <u> </u>       | 0.00                        |
|               | ecify:   | 19.      | Ψ              | 0.00                        |
|               | her real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>   |          | our Income.    |                             |
|               | a. Mortgages on other property   | 20a.     |                | 0.00                        |
|               | b. Real estate taxes   | 20b.     |                | 0.00                        |
| 20            | c. Property, homeowner's, or renter's insurance  | 20c.     | \$             | 0.00                        |
|               | d. Maintenance, repair, and upkeep expenses  | 20d.     | ·              | 0.00                        |
|               | e. Homeowner's association or condominium dues   | 20e.     | ·              | 0.00                        |
|               | her: Specify: animal expense   | 21.      | ·              | 40.00                       |
| . 0           | animal expense   |          | ΓΨ             | 40.00                       |
| 2. <b>C</b> a | lculate your monthly expenses  |          |                |                             |
| 22            | a. Add lines 4 through 21.   |          | \$             | 1,880.00                    |
| 22            | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$             |                             |
| 22            | c. Add line 22a and 22b. The result is your monthly expenses.  |          | \$             | 1,880.00                    |
| 3. <b>C</b> a | liculate your monthly net income.  |          |                |                             |
|               | a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | \$             | 2,475.00                    |
|               | b. Copy your monthly expenses from line 22c above.   | 23b.     | · -            | 1,880.00                    |
| _0            | 2. 2.F., , 2   | 200.     | *              | 1,000.00                    |
| 23            | c. Subtract your monthly expenses from your monthly income.  |          |                |                             |
|               | The result is your <i>monthly net income</i> .   | 23c.     | \$             | 595.00                      |
| Fo            | b you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortgage?  No. |          |                | se or decrease because of a |
| Ĺ             | Yes Explain here:  |          |                |                             |

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| Fill in this infor              | mation to identify your                           | case:                     |                            |                         |   |
|---------------------------------|---|---------------------------|----------------------------|-------------------------|---|
| Debtor 1                        | Harriet L. Day                                    |                           |                            |                         |   |
| Dahtan 0                        | First Name  | Middle Name               | Last Name                  |                         |   |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name               | Last Name                  |                         |   |
| United States Ba                | ankruptcy Court for the:                          | NORTHERN DISTRICT         | OF ILLINOIS                |                         |   |
| Case number                     |   |                           |                            |                         |   |
| (if known)                      |   |                           |                            |                         | ☐ Check if this is an amended filing  |
| Official Forn                   | n 106Dec  |                           |                            |                         |   |
|                                 |   | n Individual              | Debtor's Sc                | hedules                 | 12/15   |
| f two married no                | nonlo aro filina toaatha                          | r, both are equally respo | neible for cumplying cor   | ract information        |   |
| i two married pe                | eople are filling togethe                         | i, both are equally respo | iisible for supplying con  | ect illiornation.       |   |
|                                 |   |                           |                            |                         | ement, concealing property, or  |
|                                 |   |                           | ruptcy case can result i   | n fines up to \$250,00  | 00, or imprisonment for up to 20  |
| ears, or both. 1                | 8 U.S.C. §§ 152, 1341, 1                          | 1519, and 3571.           |                            |                         |   |
|                                 |   |                           |                            |                         |   |
| Sign                            | n Below   |                           |                            |                         |   |
| Did you pa                      | y or agree to pay some                            | one who is NOT an attor   | ney to help you fill out b | ankruptcy forms?        |   |
| ■ No                            |   |                           |                            |                         |   |
| ☐ Yes. N                        | Name of person                                    |                           |                            |                         | kruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                 |   |                           |                            |                         |   |
|                                 | ilty of perjury, I declare<br>e true and correct. | that I have read the sum  | mary and schedules file    | d with this declaration | on and  |
| X /s/ Har                       | riet L. Day                                       |                           | X                          |                         |   |
| Harriet                         | t L. Day<br>re of Debtor 1                        |                           | Signature of               | Debtor 2                |   |
| Date I                          | February 19, 2018                                 |                           | Date                       |                         |   |

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| Fill       | l in this info                        | rmation to identify you   | r case:  |   |  |   |  |  |  |  |  |
|------------|---------------------------------------|---|--|---|--|---|--|--|--|--|--|
| De         | btor 1                                | Harriet L. Day  |  |   |  |   |  |  |  |  |  |
|            |                                       | First Name  | Middle Name  | Last Name   |  |   |  |  |  |  |  |
|            | btor 2<br>buse if, filing)            | First Name  | Middle Name  | Last Name   |  |   |  |  |  |  |  |
|            |                                       |   |  |   |  |   |  |  |  |  |  |
| Un         | ited States E                         | Bankruptcy Court for the:   | NORTHERN DISTRICT  | OF ILLINOIS   |  |   |  |  |  |  |  |
|            | se number<br>nown)                    |   |  |   |  | Check if this is an amended filing                    |  |  |  |  |  |
| St<br>Be a | atemen<br>as complete<br>ormation. If | e and accurate as poss  | ible. If two married people<br>, attach a separate sheet to  | duals Filing for E<br>are filing together, both are<br>this form. On the top of an                | equally responsible for s                  |   |  |  |  |  |  |
|            |                                       | ,   | arital Status and Where Yo   | u Lived Before  |  |   |  |  |  |  |  |
| 1.         |                                       | our current marital state   | us?  |   |  |   |  |  |  |  |  |
|            | □ Morrie                              | - d   |  |   |  |   |  |  |  |  |  |
|            | ☐ Marrie                              | ea<br>narried   |  |   |  |   |  |  |  |  |  |
| _          |                                       |   |  |   |  |   |  |  |  |  |  |
| 2.         | During the                            | During the last 3 years, have you lived anywhere other than where you live now?               |  |   |  |   |  |  |  |  |  |
|            | ■ No                                  |   |  |   |  |   |  |  |  |  |  |
|            | ☐ Yes. I                              | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |   |  |   |  |  |  |  |  |
|            | Debtor 1                              | Prior Address:  | Dates Debtor 1 lived there   | Debtor 2 Prior Ad   | ddress:                                    | Dates Debtor 2<br>lived there                         |  |  |  |  |  |
| 3.         |                                       |   |  | gal equivalent in a commur  |  |   |  |  |  |  |  |
| Siai       | cs and term                           | ones meidde Anzona, Oe  | amorria, idario, Eddidiaria, ive   | vada, New Mexico, i deito i   | iloo, roxas, washington an                 | a wisconsin.)   |  |  |  |  |  |
|            | ■ No □ Yes.                           | Make sure you fill out <i>Sc</i>  | hedule H: Your Codebtors (C  | official Form 106H).  |  |   |  |  |  |  |  |
| Pa         | rt 2 Expl                             | lain the Sources of You   | ur Income  |   |  |   |  |  |  |  |  |
| 4.         | Fill in the to                        | otal amount of income yo  | ou received from all jobs and a have income that you received the second income that you receive the second income the second income that you receive the second income the sec | ng a business during this y<br>all businesses, including part<br>re together, list it only once u | t-time activities. nder Debtor 1.          | alendar years?  |  |  |  |  |  |
|            |                                       |   | Debtor 1   |   | Debtor 2                                   |   |  |  |  |  |  |
|            |                                       |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
|            |                                       |   |  |   |  |   |  |  |  |  |  |

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| 5. | Include in<br>and other  | come regard<br>public bene   | dless of wheth fit payments; | ner that income is taxable. E<br>pensions; rental income; int | wo previous calendar years?<br>examples of other income are a<br>terest; dividends; money collect<br>to you received together, list it of | alimony; child supp<br>cted from lawsuits; | royalties; and                          |   |
|----|--|------------------------------|------------------------------|---|---|--|---|---|
|    | List each  | source and                   | the gross inco               | ome from each source sepa                                     | rately. Do not include income t   | hat you listed in lir                      | ne 4.                                   |   |
|    | □ No   |                              |                              |   |   |  |   |   |
|    | Yes.   | Fill in the de               | etails.                      |   |   |  |   |   |
|    |  |                              |                              | Debtor 1  |   | Debtor 2                                   |   |   |
|    |  |                              |                              | Sources of income Describe below.                             | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of inc<br>Describe below           |   | Gross income<br>(before deductions<br>and exclusions) |
|    |  | y 1 of curre<br>filed for ba | nt year until<br>nkruptcy:   | Social Security   | \$3,800.00  |  |   |   |
|    |  |                              |                              | Pension   | \$1,416.00  |  |   |   |
|    | or last caler<br>anuary 1 to   | ndar year:<br>December       | 31, 2017 )                   | Social Security   | \$22,860.00   |  |   |   |
|    |  |                              |                              | Pension   | \$8,448.00  |  |   |   |
|    |  | dar year be<br>December      |                              | Social Security   | \$22,860.00   |  |   |   |
|    |  |                              |                              | Pension   | \$8,448.00  |  |   |   |
|    |  |                              |                              |   | <b>-</b>  |  |   |   |
| Pá | art 3: Lis   | t Certain Pa                 | ayments You                  | Made Before You Filed for                                     | or Bankruptcy   |  |   |   |
| 6. | Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |                              |                              |   |   |  |   |   |
|    |  | During the                   | 90 days befo                 |   | did you pay any creditor a tota   | al of \$6,425* or mo                       | re?                                     |   |
|    |  | □ Yes                        | paid that cr                 | editor. Do not include paym                                   | paid a total of \$6,425* or more ents for domestic support obliq  |  |   |   |
|    |  | * Subject                    |                              | payments to an attorney for<br>t on 4/01/19 and every 3 ye    | r this bankruptcy case.<br>ars after that for cases filed on  | or after the date of                       | of adjustment.                          |   |
|    | ■ Yes.   |                              |                              | or both have primarily con ore you filed for bankruptcy,      | sumer debts.<br>did you pay any creditor a tota   | al of \$600 or more?                       | ?                                       |   |
|    |  | □ No.                        | Go to line 7                 | •   |   |  |   |   |
|    |  | ■ Yes                        | include pay                  |   | paid a total of \$600 or more and obligations, such as child sup  |  |   |   |
|    | Creditor   | 's Name an                   | d Address                    | Dates of payr   | nent Total amount   | Amount you still owe                       | Was this pa                             | yment for   |
|    | Capital  | One                          |                              | 2017  | \$700.00  | \$3,900.00                                 | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep | ard<br>payment  |
|    |  |                              |                              |   |   |  | ☐ Suppliers ☐ Other                     | or vendors  |

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Case number (if known) Document Debtor 1 Harriet L. Day

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                             |                      |                     |                    |                       |  |  |  |  |
|-----|--|-----------------------------|----------------------|---------------------|--------------------|-----------------------|--|--|--|--|
|     | Yes. List all payments to an insider.  Insider's Name and Address  | Dates of payment            | Total amount         | Amount you          | Reason for         | this payment          |  |  |  |  |
| _   |  |                             | paid                 | still owe           |                    |                       |  |  |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  |                             |                      |                     |                    |                       |  |  |  |  |
|     | ■ No □ Yes. List all payments to an insider  |                             |                      |                     |                    |                       |  |  |  |  |
|     | Insider's Name and Address   | Dates of payment            | Total amount         | Amount you          | Reason for         | this payment          |  |  |  |  |
|     |  |                             | paid                 | still owe           | Include cred       | ditor's name          |  |  |  |  |
| Par | t 4: Identify Legal Actions, Repossession  | ns, and Foreclosures        |                      |                     |                    |                       |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No   |                             |                      |                     |                    |                       |  |  |  |  |
|     | Yes. Fill in the details.  |                             |                      |                     |                    |                       |  |  |  |  |
|     | Case title<br>Case number  | Nature of the case          | Court or agency      |                     | Status of th       | ne case               |  |  |  |  |
| 10. | Within 1 year before you filed for bankrupt<br>Check all that apply and fill in the details belo   |                             | erty repossessed, f  | foreclosed, garnis  | shed, attache      | d, seized, or levied? |  |  |  |  |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>   |                             |                      |                     |                    |                       |  |  |  |  |
|     | Creditor Name and Address  | Describe the Property       |                      | Date                |                    | Value of the property |  |  |  |  |
|     |  | Explain what happened       | d                    |                     |                    |                       |  |  |  |  |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No  ☐ Yes. Fill in the details.  |                             | luding a bank or fi  | nancial institutior | , set off any a    | amounts from your     |  |  |  |  |
|     | Creditor Name and Address  | Describe the action the     | creditor took        | Date<br>taker       | action was         | Amount                |  |  |  |  |
| 12. | 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?   |                             |                      |                     |                    |                       |  |  |  |  |
|     | ■ No □ Yes   |                             |                      |                     |                    |                       |  |  |  |  |
| Par |  |                             |                      |                     |                    |                       |  |  |  |  |
| 13. | Within 2 years before you filed for bankrup ■ No   | otcy, did you give any gift | s with a total value | of more than \$60   | 0 per person       | ?                     |  |  |  |  |
|     | ☐ Yes. Fill in the details for each gift.  |                             |                      |                     |                    |                       |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts          |                      | Dates<br>the g      | s you gave<br>ifts | Value                 |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |                             |                      |                     |                    |                       |  |  |  |  |

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Yes. Fill in the details.

Name of trust Description and value of the property transferred

**Date Transfer was** 

made

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Debtor 1 Harriet L. Day

| Par | t 8:   | List of Certain Financial Accounts, li  | nstrur   | nents, Safe Depos   | it Boxes, and St           | orage Unit   | :S   |   |    |  |
|-----|--|---|----------|---|----------------------------|--------------|--|---|----|--|
| 20. | sold,<br>Inclu   | n 1 year before you filed for bankrupt<br>moved, or transferred?<br>de checking, savings, money market,<br>es, pension funds, cooperatives, ass | or otl   | ner financial acco  | unts; certificates         | of deposi    |  |   |    |  |
|     | _  | No  |          |   |                            |              |  |   |    |  |
|     |  | Yes. Fill in the details.   |          |   |                            |              |  |   |    |  |
|     |  | ne of Financial Institution and ress (Number, Street, City, State and ZIP   |          | et 4 digits of<br>count number  | Type of account instrument | unt or       | Date account was closed, sold, moved, or transferred | Last baland<br>before closing<br>transf | or |  |
| 21. | •  | ou now have, or did you have within 1<br>, or other valuables?  | year     | before you filed fo   | or bankruptcy, ar          | ny safe dep  | posit box or other deposi                            | tory for securities                     | ,  |  |
|     |  | No  |          |   |                            |              |  |   |    |  |
|     |  | Yes. Fill in the details.   |          |   |                            |              |  |   |    |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   |   |          | Who else had ac<br>Address (Number,<br>State and ZIP Code)            |                            | Describe     | the contents   | Do you still have it?                   |    |  |
| 22. | Have   | you stored property in a storage unit   | or pla   |   | ır home within 1           | year befor   | re you filed for bankruptc                           | sy?                                     |    |  |
|     | ■ No   |   |          |   |                            |              |  |   |    |  |
|     | Yes. Fill in the details.  |   |          |   |                            |              |  |   |    |  |
|     | Name of Storage Facility  Who else has or had access  Describe the contents  |   |          |   | the contents               | Do you still |  |   |    |  |
|     | Address (Number, Street, City, State and ZIP Code)   |   |          | to it? Address (Number, Street, City, State and ZIP Code)             |                            | 20001120     |  | have it?                                |    |  |
| Par | t 9:   | Identify Property You Hold or Contro  | ol for S | Someone Else  |                            |              |  |   |    |  |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. |   |          |   |                            |              |  |   |    |  |
|     |  | No  |          |   |                            |              |  |   |    |  |
|     | Yes. Fill in the details.  |   |          |   |                            |              |  |   |    |  |
|     |  | ner's Name<br>ress (Number, Street, City, State and ZIP Code)   |          | Where is the pro<br>(Number, Street, City,<br>Code)                   |                            | Describe     | the property   | Valu                                    | ЭE |  |
| Par | t 10:  | Give Details About Environmental In   | forma    | ition   |                            |              |  |   |    |  |
| For | the pu   | rpose of Part 10, the following definit   | tions    | apply:  |                            |              |  |   |    |  |
|     | toxic  | ronmental law means any federal, stat<br>substances, wastes, or material into<br>ations controlling the cleanup of thes                         | the ai   | r, land, soil, surfa  | ce water, ground           |              |  |   | or |  |
|     |  | means any location, facility, or proper<br>n, operate, or utilize it, including disp  | •        | •   | environmental l            | aw, wheth    | er you now own, operate                              | e, or utilize it or use                 | èd |  |
|     |  | <i>rdous material</i> means anything an en<br>rdous material, pollutant, contaminan   |          |   | as a hazardous             | waste, ha    | zardous substance, toxic                             | substance,                              |    |  |
| Rep | ort all  | notices, releases, and proceedings the  | hat yo   | u know about, reç   | ardless of when            | they occu    | ırred.   |   |    |  |
| 24. | Has a  | any governmental unit notified you that   | at you   | may be liable or  | ootentially liable         | under or i   | n violation of an environr                           | mental law?                             |    |  |
|     | _  | No<br>Yes. Fill in the details.   |          |   |                            |              |  |   |    |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   |   |          | Governmental unit  Address (Number, Street, City, State and ZIP Code) |                            |              | onmental law, if you<br>it                           | Date of notice                          |    |  |
|     |  |   |          |   |                            |              |  |   |    |  |

Case 18-80305 Filed 02/19/18 Entered 02/19/18 11:01:15 Document Page 35 of 55 Debtor 1 Harriet L. Day Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Environmental law, if you Name of site Governmental unit Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Harriet L. Day Signature of Debtor 2 Harriet L. Day Signature of Debtor 1 Date February 19, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Doc 1

Official Form 107

Document

Page 36 of 55
Case number (if known) Debtor 1 Harriet L. Day

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <b>February 19, 2018</b>        |                            |   |
|---------------------------------------|----------------------------|---|
| Signed:                               |                            |   |
| /s/ Harriet L. Day                    | /s/ Gary C. Flanders       |   |
| Harriet L. Day                        | Gary C. Flanders 6180219   | _ |
|                                       | Attorney for the Debtor(s) |   |
| Debtor(s)                             |                            |   |
| Do not sign this agreement if the amo | ounts are blank.           |   |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re       | Harriet L. Day  |  | Case No  |   |
|-------------|---|--|--|---|
|             |   | Debtor(s)  | Chapter  | 13  |
|             | DISCLOSURE OF COMPEN  | SATION OF ATTO   | RNEY FOR D   | EBTOR(S)  |
| C           | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(tompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptc   | y, or agreed to be pai   | d to me, for services rendered or to  |
|             | For legal services, I have agreed to accept   |  | \$   | 4,000.00  |
|             | Prior to the filing of this statement I have received   |  | \$   | 0.00  |
|             | Balance Due   |  | \$   | 4,000.00  |
| 2. \$       | <b>77.50</b> of the filing fee has been paid.   |  |  |   |
| 3. T        | The source of the compensation paid to me was:  |  |  |   |
|             | ■ Debtor □ Other (specify):   |  |  |   |
| 4. T        | The source of compensation to be paid to me is:   |  |  |   |
|             | ■ Debtor □ Other (specify):   |  |  |   |
| 5. <b>I</b> | I have not agreed to share the above-disclosed compe  | nsation with any other perso   | n unless they are me   | mbers and associates of my law firm   |
| [           | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name   |  |  |   |
| 5. I        | n return for the above-disclosed fee, I have agreed to ren  | der legal service for all aspe   | cts of the bankruptcy  | case, including:  |
| b<br>c      | <ul> <li>Analysis of the debtor's financial situation, and render</li> <li>Preparation and filing of any petition, schedules, state</li> <li>Representation of the debtor at the meeting of creditor</li> <li>[Other provisions as needed]</li> </ul>   | ment of affairs and plan which   | ch may be required;  |   |
| 7. В        | By agreement with the debtor(s), the above-disclosed fee Applicable to Chapter 7: \$75.00 for each of motion for court approval of reaffirmat \$250.00 per hour plus costs (when applicable defense dismissal proceedings, reinstatement professions at a proceedings and the stay actions or other adversary profession to approve reaffirmation agreement | post-petition amendmen<br>tion agreement, and atte<br>cable) for all other repres<br>e of discharge or dischar<br>oceedings, judicial lien a<br>ceedings or attendance | It to Schedules; \$<br>ndance at hearing<br>sentation.<br>geability proceed<br>avoidances, post- | if required by the court;<br>ings, redemption proceedings,<br>petition amendments, relief |
|             | <del>_</del>  | CERTIFICATION  |  |   |
|             | certify that the foregoing is a complete statement of any unkruptcy proceeding.   | agreement or arrangement for   | or payment to me for   | representation of the debtor(s) in  |
| Fe          | ebruary 19, 2018  | /s/ Gary C. Fland  | ders   |   |
| Do          | -   | Gary C. Flander Signature of Attorn Bankruptcy Clir 1 Court Place Rockford, IL 61  | s 6180219<br>ney<br>nic  |   |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

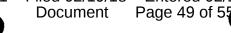
### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### AFTER THE CASE IS FILED B.

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

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- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

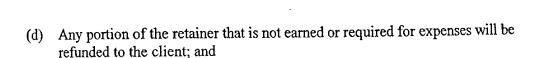
### D. RETAINERS AND PREVIOUS PAYMENTS

Case 18-80305

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

☐ The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

Doc 1

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$0.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <u>A-1-18</u> | ,   |
|---------------------|---|
| Signed:             | Hart Oll                                    |
| Survey St. Hary     | Gary C. Flanders Attorney for the Debtor(s) |
| <u> </u>            | ·   |
| Debtor(s)           |   |

Deptor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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### United States Bankruptcy Court Northern District of Illinois

|       |  | 1 (of the 111 District of Innions                       |                                 |               |
|-------|--|---|---------------------------------|---------------|
| In re | Harriet L. Day                             |   | Case No.                        |               |
|       |  | Debtor(s)   | Chapter 13                      |               |
|       |  |   |                                 |               |
|       | VE   | RIFICATION OF CREDITOR M                                | IATRIX                          |               |
|       |  | Number of   | Creditors:                      | 7             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi                  | tors is true and correct to the | ne best of my |
| Date: | February 19, 2018                          | /s/ Harriet L. Day  Harriet L. Day  Signature of Debtor |                                 |               |

Barclay Card P.O. Box 8802 Wilmington, DE 19899-8802

Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130-0285

Care Credit P.O. Box 965036 Orlando, FL 32896-5036

Chase/Amazon P.O. Box 15298 Wilmington, DE 19850

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193-8873

Lending Tree P.O. Box 39000 San Francisco, CA 94139

Nationwide P.O. Box 9215 Old Bethpage, NY 11804